TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVE COMPLETED (X3) DATE SURVE COMPLETED (X3) DATE SURVE COMPLETED (X4) DEFICIENCY STATE OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED)	DEPAR'	TMENT OF HEALTH	AND HUMAN SERVICES	, 1	+-A	. Alaba	> F		: 08/02/2013 APPROVED
NAME OF PROVIDER OR SUPPLIER 1204 FRYE ST ATHENS, TN 37303 SIMMARY STATEMENT OF DEFICIENCES (PACH DEPTICENCY MUST BE PRECEDED 8Y PULL PREFIX TAGE CONSTRUCTION (PACH CORRECTION ADDITION) A recertification survey and complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013, No deficiencies were cited related to complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013, No deficiencies were cited related to complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013, No deficiencies were cited related to complaint investigation #31383 were completed at NHC Healthcare, Athens and Investigation #31383 were completed at NHC Healthcare, Athens and Investigation #31383 were completed on the participation of the participation of the participation of the participation of the comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		<u>544</u>	9/1911	<u>პ</u> ი		
NHC HEALTHCARE, ATHENS STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FRYE ST	ND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION	_		
NHC HEALTHCARE, ATHENS SUMMARY STATEMENT OF DEPLICATIONS 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE PRECIDED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE PRECIDED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN 10 PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN OF CORRECTION SHOULD BE CHANNED BY THAN OR PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN OR PROVIDERS PLAN OF CORRECTION SHOULD BE CHANNED BY THAN OR PROVIDED BY TH			445099	B. WING	i		_	07/	31/2013
ATHENS, TN 37303 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPRICE MIST BE PRECEDED BY FULL PREFIX TAG (EACH DEPRICE MIST BE PRECEDED BY EACH DEPRICE MIST BE ACCOUNTED BY EACH DEPRICE MIST BE ACC	NAME OF I	PROVIDER OR SUPPLIER	-		STREE	T ADDRESS, CITY, ST.	ATE, ZIP CODE		<u> </u>
PREFIX FLAG PRICE CONTROL NUMBER OF DEFICIENCES PREFIX FLAG PRICE CONTROL NUMBER OF A COMPRIENCE OF THE APPROPRIATE COMPRIENCE OF THE APPROPRIATE COMPRIENCES OF THE APPROPRIATE OF THE APPROPRIATE OF COMPRIENCES OF THE APPROPRIATE OF COMPRIENCES OF THE APPROPRIATE O	NHC HE	ALTHCARE, ATHENS							
F 000 INITIAL COMMENTS A recertification survey and complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 SS=D The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident's family or the resident's needs, and, to the extent practicable, the participation of the resident, and other appropriate staff in disciplines as determined by the resident's family or the		SUMMARY STA	TEMENT OF DEFICIENCIES	ID	<u> </u>		AN OF CORRECTIO	N	(X5)
A recertification survey and complaint investigation #31383 were completed at NHC Heatthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 SS=D The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. F 280 F 280		REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)			CROSS-REFERENCE	D TO THE APPROP		COMPLETION DATE
A recertification survey and complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 SS=D PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the residents care plan meetings of thirty-nine residents reviewed.	E 000	INITIAL CONMACNIT	-0	Í		This plan is sul	bmitted as req	uired	
A recertification survey and complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 urder 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 SS=D F 280 PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	1 000	INTERACTORINGENT	5	F	900	under State ar	nd Federal Law	OMB NO. 0 (X3) DATE S COMPL O7/31 O7/31 OF RECTION SHOULD BE PPROPRIATE as required al Law. The does not an on the part ens as to the or's findings with there mission of the inot an on the part indings or that the ording any of recorrectly 79 individual eviewed with explain dents were the same dents were the same dents were the same dents were to face es/designee. At least 7 alled care planties that are contacted ence call for	
investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the residents reviewed.		A receptification acce		! :	İ	submission of	this plan does	not	
Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 SS=D The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the residents legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of the Surveyor's findings nor the conclusions drawn there from the conclusions drawn there from the conclusions drawn there from the conclusions of two file Surveyor's findings nor the conclusions drawn there from the conclusions of two the facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings constitute an admission on the part of the facility facility and findings on the conclusions of two the facility submission of the Plan of Correction does not constitute an admission on the part of the facility submission on the pract of the facility submission on the part of the facility submission on the part of the facility facility and facility facility as ubmission on the pack of the facility and facility facility and facility submi		investigation #3138	vey and complaint			constitute an a	admission on t	he part	
deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. 483.20(d)(3), 483.10(k)(2) RIGHT TO FARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's peach assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		Healthcare, Athens	on July 31, 2013, No.	!			•		
investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO F 280 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		deficiencies were ci	ted related to complaint						!
F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		investigation #3138:	3 under 42 CFR Part 483.			nor the conclu	sions drawn th	iere	
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	E 200	Requirements for Lo	ong Term Care Facilities.				-	n of the	
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the residents care plan meetings of thirty-nine residents reviewed.	F 200 }	483.20(0)(3), 483.10	U(k)(2) RIGHT TO	F 2	280				
incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the residents reviewed.	აა~∪ ;	I ANTIOIPATE PLAI	NINING CARE-REVISE CP					•	
incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	ļ	The resident has the	e right, unless adjudged			•	_	•	
the deficiencies cited are correctly applied. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		incompetent or other	rwise found to be				• • •		
changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. applied. 1. Residents #31 and #79 individual care plans have been reviewed with each resident. 2. After reviewing care plan meetings, no other residents were found to be affected by the same occurrence. 3. Residents will be notified at least 7 days prior to their scheduled care plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.		incapacitated under	the laws of the State, to			-		•	į
A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	İ	changes in care and	ng care and treatment or it is treatment.				s cited are cor	rectly	<u> </u>
comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		A comprehensive ca	are plan must be developed				31 and #79 ind	lividual	
physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. 2. After reviewing care plan meetings, no other residents were found to be affected by the same occurrence. 3. Residents will be notified at least 7 days prior to their scheduled care plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.		comprehensive asse	essment; prepared by an			care plans have			
for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	1	physician, a register	ed nurse with responsibility		į	2. After review	wing care plan		
and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. Totals to be affected by the same occurrence. 3. Residents will be notified at least 7 days prior to their scheduled care plan meeting will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.	İ	for the resident, and	other appropriate staff in					were	
legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. 3. Residents will be notified at least 7 days prior to their scheduled care plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.		and, to the extent pr	acticable, the participation of				fected by the s	ame	
and revised by a team of qualified persons after each assessment. 7 days prior to their scheduled care plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	Ī	legal representative:	and periodically reviewed				ill be notified a	at least	
each assessment. plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.					ì	7 days prior to	their schedule	d care	
contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.			personia and						
This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.						•			
This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.						Families will be	e notified at lea	st 7	
by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.	:		İ		1	days prior to th	ne scheduled ca	are plan	
by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.	į	This REQUIREMEN	T is not met as evidenced			meeting by lett	ter. Families th	at are	
the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed. the care plan meeting according to family preference.		by:				unable to atter	nd will be conta	acted	
#79) in the resident's care plan meetings of thirty-nine residents reviewed.						by phone with	a conference o	all for	
thirty-nine residents reviewed.		the facility failed to in	nclude two residents (#31,		ĺ	the care plan n	neeting accord	ing to	
ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					ļ	family preferer	nce.		:
	ORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE		<u> </u>	(X6) DATE

ny defidiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days illowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DRM CMS-2567(02-99) Previous Versions Obsolete

Event ID:80BR11

Facility ID: TN5404

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES		PRINTED: 08/02/20 ⁻ FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED
ALASE OF		445099	B. WING	G 07/31/2013
MAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HE	ALTHCARE, ATHENS			1204 FRYE ST ATHENS, TN 37303
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION
F 280	Continued From ра	ge 1	F 2	280
	The findings include	İ		All residents who are cognitively intact and able to make their needs
	August 29, 2012, wi Mental Status, Depr Chronic Anemia, Re Infection, and Deme Medical record revie Data Set (MDS) date resident scored and Interview for Mental resident was moderal Medical record revie	idmitted to the facility on ith diagnoses including Altered ression, Hypertension, ecurrent Urinary Tract entia with Sundowner's. ew of a Quarterly Minimum ed May 7, 2013, revealed the 11 out of 15 on the Brief Status (BIMS) indicating the ately cognitively impaired.		known will be invited to the care plan meeting located in the center's conference room. Interdisciplinary Care plan meetings will take place in the resident's room if they are unable to ambulate or easily transfer to attend the meeting. 4. Care plan coordinator will provide a schedule of the monthly care plan meetings to the Administrator/ Social Services Director/ designee to
(r re S N A ". re th	(meeting): SW (Soci reach pt's (patient's) success"	, revealed "Care Plan mtg ial Worker) attempted to daughter by phone with no		ensure proper implementation of these guidelines are followed. Findings will be reported to the monthly QA meeting for 3 months
	Approval Form dated "3. If participation i rather than the patie	ew of a Patient Care Plan d May 14, 2013, revealed is by the legal representative ent, please check reasons why articipate:b. level of		attended by Administrator, DON, Social Services, Health Information, Dietary, environmental services and the Medical Director.
	July 29, 2013, at 3:4 revealed the residen was able to fully part resident interview winterview revealed the	erview with the resident on 0 p.m., in the resident's room at was alert and oriented, and dicipate in the Stage 1 thout difficulty. Continued the resident reported the en involved or invited to an meetings.		

Interview with the Social Services Director and Social Worker #1 on July 31, 2013, at 10:38 a.m.,

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				FORI	D: 08/02/2013 MAPPROVED)
STATEMEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(X3) DA	0. 0938-0391 TE SURVEY MPLETED	
		445099	B. WING	3 <u>.</u>		0.7	7/31/2013	
	PROVIDER OR SUPPLIER ALTHCARE, ATHENS				STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FRYE ST ATHENS, TN 37303	1 01	13 1/20 13	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΣIX	PROVIDER'S PLAN OF CORRECTI ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
	in the Social Service Social Worker #1 we resident and resider Care Plan meetings Social Worker #1 reinvited to participate resident is cognitive their needs known Social Worker #1 comoderately cognitive make needs known. confirmed the facility resident to participate Resident #79 was an September 25, 2012 Chronic Kidney Dise Obstructive Pulmonary Fibrosis. Medical record revied Data Sets (MDS) da 30, 2013, revealed the intact. Medical record revied dated March 12, 2017 revealed "pt scored indicating cognitively Medical record revied Approval Form dated 2013, revealed "3.	es Director's office revealed as responsible for inviting the nt's family to participate in a Continued interview with evealed all residents are to be in Care Plan meetings if the ly intact and "able to make " Further interview with onfirmed the resident was only ely impaired and was able to Continued interview y had failed to invite the te in Care Plan meetings. I continued interview with on the facility on 2, with diagnoses including ease Stage 3, Chronic eary Disease (COPD), and the resident had scored a 15 S (Brief Interview for Mental eresident was cognitively wo f Social Services notes 3 and May 30, 2013, do 15/15 on BIMS assessment of intact" We of a Patient Care Plan and March 19, 2013 and June 6, If participation is by the legal of than the patient, please the patient did not	F	28	30			

PRINTED: 08/02/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		E SURVEY APLETED
		445099	B. WING _		07/	31/2013
NHC HE	PROVIDER OR SUPPLIER ALTHCARE, ATHENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FRYE ST ATHENS, TN 37303	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)) BE	(X5) COMPLETION DATE
	Interview with the So Social Worker #1 or in the Social Service Social Worker #1 we resident and the rescare Plan meetings. Social Worker #1 reinvited to participate resident is cognitive their needs known Social Worker #1 cocognitively intact and known, and confirme invite the resident to 483.35(i) FOOD PROSTORE/PREPARE/STORE/STORE/PREPARE/STORE/PREPARE/STORE/STORE/PREPARE/STORE/PREPARE/STORE/STORE/PREPARE/STORE/STORE/PREPARE/STORE/STORE/PREP	ocial Services Director and July 31, 2013, at 10:38 a.m., as Director's office, revealed as responsible for inviting the ident's family to participate in Continued interview with vealed all residents are to be in Care Plan meetings if the ly intact and "able to make " Further interview with infirmed the resident was divas able to make needs and the facility had failed to Care Plan meetings. OCURE, SERVE - SANITARY In sources approved or or orly by Federal, State or local distribute and serve food tions This not met as evidenced on and interview, the facility tary storage areas in the cover hair to prevent food	F 28	1. All observations cited were corrected prior to a follow-up inspection by a survey team nowhich was conducted before survey team completed their visit. At no time were patients exposed to any risk of food-beautienss.	member the site s at or orne o be nce. cted by ietary ne ad and ne the ttil he ity, n the The will do led site	
	Observation and inte	rview during the inital tour in			j	

PRINTED: 08/02/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 445099 B. WING 07/31/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1204 FRYE ST** NHC HEALTHCARE, ATHENS ATHENS, TN 37303 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 371 Continued From page 4 F 371 the dietary department, on July 29, 2013, at 9:15 a.m., with the facility Chef revealed: a red tinged substance on the white shield in the ice machine; a rack of trays of juice in the juice cooler had spilled juice dried on each rack and the sides of The findings of these visits will be the rack; a brown/black substance on the back reported to the monthly QA meeting wall of the juice cooler; a drawer with utensils attended by the Administrator, DON stored next to the juice cooler had food debris on social services, Health Information, the inside bottom of the drawer; a set of four Dietary, environmental services and plastic drawers with utensils stored had food the Medical Director. debris inside the bottom of the drawers; and the drip tray for the stove burners had a large amount of food debris. Interview during the inital tour with the Chef confirmed the above areas were not sanitary. Observation on July 30, 2013, at 1:10 p.m., in the kitchen on the clean side of the dishwasher. revealed dietary worker#1 had a beard, and was wearing the beard net down under the chin. Observation and interview on July 30, 2013, at 1:12 p.m., with the facility Chef in the kitchen. revealed Dietary Worker #2 had a long braid hanging down the left side of the front of the

ORM CMS-2567(02-99) Previous Versions Obsolete

uniform. Interview with the Chef confirmed the dietary workers were required to cover the hair to

prevent food contamination.

Event ID: 80BR11

Facility ID: TN5404

If continuation sheet Page 5 of 5